

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525653	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Virginia Highlands Care and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE W173 N10915 Bernies Way Germantown, WI 53022	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>50467</p> <p>Based on observation, staff and resident interview, and record review, the facility did not ensure the accurate administration of drugs and biologicals for 5 residents (R) (R5, R20, R4, R7, and R9) of 20 sampled residents.</p> <p>On 1/30/25, medications were observed at R5, R20, R4, R7, and R9's bedsides. The residents did not have self-administration of medication assessments, physician orders to self-administer medication, or care plans that indicated they could safely and accurately self-administer medication.</p> <p>Findings include:</p> <p>The facility's Resident Self-Administration of Medication policy, revised 10/2024, indicates: 1. Each resident is offered the opportunity to self-administer medication during the routine assessment by the facility's interdisciplinary team .14. The care plan must reflect resident self-administration and storage arrangements for such medications .</p> <p>On 1/30/25 at 10:37 AM, Surveyor interviewed R5 and observed dorzolamide ophthalmic eye drops, brimonidine ophthalmic eye drops, Biofreeze (topical pain reliever), Fast Freeze (topical pain reliever), and anti-fungal powder at R5's bedside. R5 indicated a nurse brings the eye drops at approximately 8:00 AM and comes back for them after 12:00 PM. R5 indicated R5 self-administers the eye drops in the morning at 12:00 PM.</p> <p>On 1/30/25 at 10:46 AM, Surveyor observed fluticasone propionate nasal spray and nystatin powder (anti-fungal) on R20's nightstand.</p> <p>On 1/30/25 at 10:50 AM, Surveyor observed anti-fungal powder and a bottle of acetic acid on R4's nightstand.</p> <p>On 1/30/25 at 11:07 AM, Surveyor was interviewing R7 when Licensed Practical Nurse (LPN)-C entered the room and gave R7 Orajel tooth care cream that had just arrived from pharmacy.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/30/25 at 11:30 AM, Surveyor interviewed R9 and observed a paper towel on R9's bed that contained a blue pill. Surveyor also observed a medication cup on R9's table. When Surveyor asked about the pill, R9 was unsure what the pill was. R9 indicated the blue pill dropped on the floor when R9 was taking pills the nurse dropped off that morning. R9 put the pill on the paper towel so the nurse could see it. R9 confirmed nurses drop off R9's medication and leave. R9 indicated R9 takes the medications when R9 is ready.</p> <p>On 1/30/25 at 1:35 PM, Surveyor interviewed LPN-C who indicated LPN-C was unsure if R7 was able to self-administer medication. When Surveyor asked about the pill in R9's room, LPN-C indicated LPN-C was unsure what the pill was. LPN-C indicated LPN-C thought the pill was finasteride (often used to treat an enlarged prostate), but when LPN-C went back to the room, R9 had already taken the pill.</p> <p>On 1/30/25 at 2:42 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A who confirmed a resident should have a self-administration of medication assessment completed prior to self-administering medication. NHA-A also indicated the resident's physician should be contacted for approval, the resident's care plan should be updated, and reassessment should be completed at certain intervals to ensure the resident is still able to safely and accurately self-administer medication. NHA-A confirmed R5, R20, R4, R7, and R9 did not have self-administration of medication assessments, physician orders to self-administer medication, or care plans that indicated they could self-administer medication.</p>		